

Southwest Florida Water Management District  
 Finance Bureau  
 2379 Broad Street  
 Brooksville, Florida 34604-6899  
 (352) 796-7211 Fax: (352) 754-3497

**RETURN BY MAIL, EMAIL OR FAX**

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**Request for Taxpayer Identification Number and Supplier Classification**

**Taxpayer Identification**

Legal Name (as reported on income tax return, must match TIN provided below):			
Business Name (if different from above):			
Owner's Name (if for FARMS include percentage of ownership):			
Mailing Address (for purchase orders):		City	State    Zip Code
Telephone Number:	Fax Number:	Toll-free Number:	
Contact Person:	Title:	E-mail Address:	
Remit Address (if different from mailing address):		City	State    Zip Code
Telephone Number:	Contact Person:	Title:	

**Organization Type (check appropriate box) (REQUIRED)**

<input type="checkbox"/> Corporation	<input type="checkbox"/> Individual / Sole Proprietor	<input type="checkbox"/> Partnership
<input type="checkbox"/> LLC (Limited Liability Company)	<input type="checkbox"/> LLC (Limited Liability Corporation)	<input type="checkbox"/> LLP (Limited Liability Partnership)
<input type="checkbox"/> OTHER (Government, School/College, Non-Profit, Utility, Professional Assn.):	PLEASE IDENTIFY OTHER CLASSIFICATION:	<input type="checkbox"/> Exempt from backup withholding

**Taxpayer Identification Number (TIN)**

Employer Identification Number (9-digits)	Social Security Number (9-digits)																		
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**Nature of Business (describe major services or commodities that you provide.)**

**COMMODITIES:** \_\_\_\_\_

**SERVICES:**     Legal     Appraisals     Well Drilling     Educational     Security     Temporary     Media     Construction

Other (describe type of service) \_\_\_\_\_

**Business Representation (The District supports the growth and development of certified Minority and Women-Owned business enterprises and reports M/WBE and Small Business spend activity to the State of Florida) (If applicable, select only one.)**

AFRC = African American     ASIA = Asian American     HISP = Hispanic     NATV = Native American  
 WOMN = Woman Owned     SERV = Social Services     Small Business     Veteran     Other \_\_\_\_\_

<p><b>Do you accept VISA credit cards for payment?</b></p> <p style="text-align: center;"><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>	<p style="text-align: center;"><b>You are encouraged to authorize electronic payments.</b></p> <p>If you are interested, please complete our <i>Vendor Electronic Payment Authorization</i> form @ <a href="mailto:procurement@swfwmd.com">procurement@swfwmd.com</a> or visit <a href="http://www.swfwmd.state.fl.us/business/contproc/">www.swfwmd.state.fl.us/business/contproc/</a></p>
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**CERTIFICATION:** Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. person (including a U.S. resident alien).

**The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.**

<b>SIGN HERE</b>	Signature of U.S. Person ►	Date ►
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**DISTRICT USE ONLY:**    SRVC\_AREA \_\_\_\_\_    VCUST\_ID \_\_\_\_\_    Entry Date \_\_\_\_\_    By: \_\_\_\_\_

\_\_\_\_\_VC\_\_\_\_\_    District Contact: \_\_\_\_\_

## INSTRUCTIONS

### Taxpayer Identification

It is very important that you provide accurate information that matches how you report information on Federal tax documents.

#### Specific Instructions for Name:

- **Sole Proprietor.** Enter your **individual** name as shown on your social security card on the "Owner's Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business Name" line.
- **Limited liability company (LLC).** If you are a single-member LLC (including a foreign LLC with a domestic owner) that is disregarded as an entity separate from its owner under Treasury regulations section 301.7701-3, **enter the owner's name on the "Owner's Name" line.** Enter the LLC's name on the "Business Name" line.
- **Other entities.** Enter your business name as shown on required Federal tax documents on the "Legal Name" line. This name should match the name shown on the charter or other legal document creating the entity. You

### Organization Type

It is required that you select one status in this section. If you select **Other**, please indicate your status in the space provided (i.e., government, school/college, professional association, utility, non-profit).

### Taxpayer Identification Number (TIN)

- **Enter your TIN in the appropriate box.** If you are a **resident alien** and you do not have and are not eligible to get a Social Security Number (SSN), your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box.
- If you are a **sole proprietor** and you have an Employer Identification Number (EIN) you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.
- If you are a single-owner **LLC** that is disregarded as an entity separate from its owner, enter your SSN (or EIN, if you have one). If the LLC is a corporation, partnership, etc., enter the entity's EIN.

*The Taxpayer Identification Number (SSN or EIN) you provide to the District will not be used for any purpose other than to comply with Internal Revenue Service reporting requirements.*

### Nature of Business

- **Commodities** – Please provide the commodity codes identifying the commodities you offer from the listing available at <http://www.swfwmd.state.fl.us/business/contproc/>.
- **Services** – Please check the service that best defines your services. If an appropriate choice is not listed, check Other and provide a brief description.

### Business Representation

If your business meets the requirements of a "**Small Business**" or "**M/WBE**" according to the definitions that follow (s. 288.703, Florida Statutes, Commercial Development and Capital Improvements), it is important that you select the correct classification to assist the District in properly reporting its spend activity with your business to the State of Florida.

"**Small business**" means an independently owned and operated business concern that employs 200 or fewer permanent full-time employees and that, together with its affiliates, has a net worth of not more than \$5 million or any firm based in this state which has a Small Business Administration 8(a) certification. As applicable to sole proprietorships, the \$5 million net worth requirement shall include both personal and business investments.

"**Minority business enterprise**" means any small business concern as defined in subsection (1) which is organized to engage in commercial transactions, which is domiciled in Florida, and which is at least 51-percent-owned by minority persons who are members of an insular group that is of a particular racial, ethnic, or gender makeup or national origin, which has been subjected historically to disparate treatment due to identification in and with that group resulting in an under representation of commercial enterprises under the group's control, and whose management and daily operations are controlled by such persons. A minority business enterprise may primarily involve the practice of a profession. Ownership by a minority person does not include ownership which is the result of a transfer from a nonminority person to a minority person within a related immediate family group if the combined total net asset value of all members of such family group exceeds \$1 million. For purposes of this subsection, the term "related immediate family group" means one or more children under 16 years of age and a parent of such children or the spouse of such parent residing in the same house or living unit.

"Minority person" means a lawful, permanent resident of Florida who is:

- (a) An African American, a person having origins in any of the racial groups of the African Diaspora, regardless of cultural origin.
- (b) A Hispanic American, a person of Spanish or Portuguese culture with origins in Spain, Portugal, Mexico, South America, Central America, or the Caribbean, regardless of race.
- (c) An Asian American, a person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands, including the Hawaiian Islands prior to 1778.
- (d) A Native American, a person who has origins in any of the Indian Tribes of North America prior to 1835, upon representation of proper documentation thereof as established by rule of the Department of Management Services.
- (e) An American woman.

**Social Services** means not-for-profit vendors who enable disadvantaged individuals (i.e., inmates, handicapped, disabled) to be productive citizens.

**Veteran** – If selected, please indicate if under 8A classification.

**Other** – If selected, please provide the description of authorized category not provided as a selection.

### Certification

An authorized representative of the business, who is able to certify that the information regarding the TIN is accurate, should sign this document.